



STATE ETHICS COMMISSION
PACIFIC TOWER SUITE 970, 1001 BISHOP STREET
P. O. BOX, 616, HONOLULU, HAWAII 96809
TELEPHONE 587-0460

DISCLOSURE OF FINANCIAL INTERESTS

FILING FORM
D-301

TO BE FILED BY CANDIDATES FOR
STATE ELECTIVE OFFICES

INSTRUCTIONS

NOTE: Detailed instructions are available to assist in completing this form. All items must be completed. Check "None" should you have nothing to report for an item

WHO SHOULD FILE THIS FORM: HRS § 84-17 requires all candidates for state elective offices to file public disclosures.

TIME TO FILE No later than 20 days prior to date of the primary election. For elections that have no primary, no later than 20 days prior to the date of the election

THIS SPACE FOR OFFICE USE

DATE RECEIVED
06/09/2004

FILE NUMBER
87-D-5539

Representative

WHERE TO FILE

State Ethics Commission, P. O. Box 616
Honolulu, Hawaii 96809

NAME **KANOHO** **EZRA** **REUBEN**
LAST FIRST MIDDLE
RESIDENCE ADDRESS [REDACTED]
MAILING ADDRESS [REDACTED]
CITY OR TOWN [REDACTED] ZIP CODE [REDACTED] PHONE [REDACTED]
OFFICE TO WHICH YOU SEEK ELECTION: State House of Representatives, 15th District

ITEM	1	OCCUPATION	EMPLOYER	BUSINESS ADDRESS	ANNUAL COMPENSATION (if \$1,000 or more)
		<i>a. Retired Tel. Co Exec</i> <i>b. Legislator, State Rep</i>	<i>CITE Hawaii Tel.</i> <i>House of Rep</i>	<i>Lihue Kane; Honolulu</i> <i>Hawaii State Capitol</i>	<i>\$32,000</i>

ITEM 2 ANNUAL EARNINGS, INCOME, OR OTHER COMPENSATION OF \$1,000 OR MORE - COMPENSATION DISCLOSED IN ITEM 1
NEED NOT BE REPEATED HERE.

SOURCE	AMOUNT	CONSIDERATION PERFORMED OR GIVEN FOR COMPENSATION DISCLOSED IN THIS ITEM
<i>1. National Financial Services (Self Directed IRA)</i>	<i>\$24,000</i>	<i>IRA Retirement Income</i>
<i>2 Social Security</i>	<i>\$17,752.00</i>	<i>(Note: Excludes wife payment of \$806)</i>
<i>3 Rental Property</i>	<i>13,800.00</i>	<i>Rental, single family home at 912 + 11th Ave., Honolulu, HI</i>
<i>4 Interest & Dividend Income</i>	<i>2,800.00</i>	<i>Various accounts</i>

Check here if entry is None

Check here if you have attached additional sheets

ITEM	3	EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS.		ENTER AMOUNT OR NO. OF SHARES
NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	
Verizon Communications		Tel communications	shareholder	1002 shares

Check here if entry is None

Check here if you have attached additional sheets

ITEM	4	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD.	DATE OF TRANSFER

ITEM	5	LIST CREDITORS TO WHOM MORE THAN \$3,000 IS PRESENTLY OWED.			
NAME AND ADDRESS OF CREDITOR		ORIGINAL AMOUNT OWED	PRESENT AMOUNT OWED	SECURITY GIVEN	
None					

Check here if entry is None

Check here if you have attached additional sheets

ITEM 6	LIST EACH OFFICERSHIP, DIRECTORSHIP, OR POSITION AS TRUSTEE HELD IN ANY BUSINESS OR ORGANIZATION.		
NAME AND ADDRESS OF BUSINESS		TITLE	COMPENSATION (enter amount or NONE)
None			
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 7	REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WHOSE FAIR MARKET VALUE IS \$10,000 OR MORE		
TAX MAP KEY NUMBER AND ADDRESS		VALUE	
3 & 022 052 2755 Kapa St, Lihue, HI		\$400,000.00	
3 & 018 016 912 & 912-A 11th Ave, Hanalei, HI		950,000.00	
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 8	REAL PROPERTY IN THE STATE, THE FAIR MARKET VALUE OF WHICH IS \$10,000 OR MORE, ACQUIRED DURING THE DISCLOSURE PERIOD		
TAX MAP KEY NUMBER AND ADDRESS		NATURE OF INTEREST	CONSIDERATION GIVEN
			NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 9	REAL PROPERTY IN THE STATE, THE FAIR MARKET VALUE OF WHICH IS \$10,000 OR MORE, TRANSFERRED DURING THE DISCLOSURE PERIOD		
TAX MAP KEY NUMBER AND ADDRESS		CONSIDERATION RECEIVED	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 10	CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES FOR A FEE OR OTHER COMPENSATION.		
NAME OF CLIENT		NAME OF AGENCY	
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 11	CREDITOR INTERESTS IN INSOLVENT BUSINESSES HAVING A VALUE OF \$5,000 OR MORE.		
NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
REMARKS:			
<input type="checkbox"/> See attached sheets			
CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement			
SIGNATURE		DATE	
Eugene R. Darroho		June 8, 2004	
NOTE: This filing is void without a signature			

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STATE OF HAWAII
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